by the patient's ability to whistle. This occurred about 18 weeks after the operation.

Discussion.

Dr. Alfred Newman: Dr. Barbat said that in the case of a mixed tumor of the parotid—even a small tumor—it is necessary to do this radical operation. I operated on one of these tumors of the parotid, a small tumor about the size of a walnut, situated in front of the ear, which I mistook for a wen. I operated in the office under local anesthesia, and made a cosmetic incision about the angle of the jaw. After I got into the tumor, I saw it was not a wen, but something with tentacles firmly anchored in the substance of the parotid, which is typical of the capsule of such growths. The capsule burst and the tumor masses poured out. All that was left to do was to curette it out, put in a drain and sew up the wound. That was seven years ago, and fortunately the growth has not yet returned.

These things usually run in pairs, and shortly after I got another patient with a similar tumor, but this time I made the diagnosis beforehand. I operated it with the thermocautery, simply cutting the tumor out with the red-hot cautery and closing up the wound at once. This case has also remained well.

CASE REPORTS.*

By PAUL S. CAMPICHE, M. D., San Francisco.

The first man fell down in a mine and sustained several injuries. He was treated four months in another state, then he came to San Francisco. In March 1915 I examined him. The left elbow was completely ankylosed at an angle of 165 degrees, evidently as the consequence of a traumatic infection. The right leg had a shortening of nearly three inches of which two and one-quarter were due to a fracture of the shaft of the femur, and half an inch due to the fracture of the tibia and fibula. This last fracture was left alone as the general alignment of the tibia was good, in spite of the slight shortening. The right femur, which had an angular deformity and much shortening, was treated by linear osteotomy with hammer and chisel, and the leg put in Heusner's extension (with flannel and rosin solution).

For the ankylosis of the left elbow I did (the same day) a resection with arthroplasty with an attached flap of fascia taken from the back of the arm.

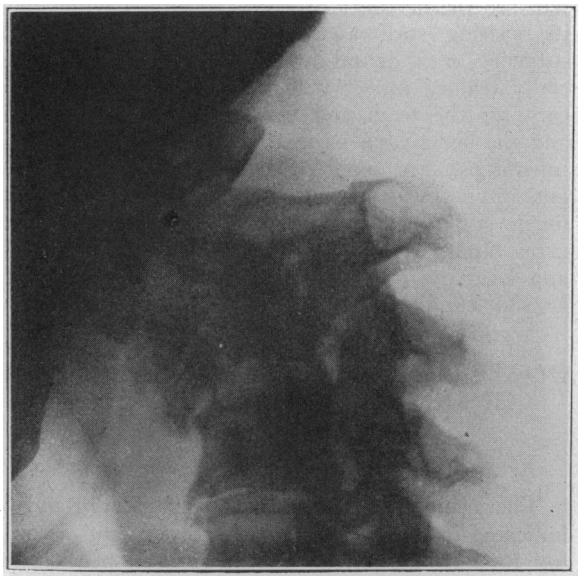
You see the result now. The motion of the left elbow is perfect. As to the femur, the X-rays show that the shortening is now only one-half an inch. Counting the tibia this leaves a total shortening of one inch for the whole leg. This is the best we could do, owing to the marked retraction of the muscle which had taken place during the four months. The patient could not walk even with crutches, and was carried into my office by some of his friends, so that in spite of the slight shortening, he is well pleased with the result.

The second patient had a transverse fracture of the patella, which I wired on October 16, 1914.

The test for a good result for fractures of the patella is to have the patient climb on a chair with the bad leg first. You see that he can do that. I prefer silver wire to catgut in suturing the patella, because it allows us to move the joint two or three days after the operation (which I think would not be safe with catgut), and of course the early movements insure a much more rapid recovery of the function of the joint.

The third patient is a very simple case. He had a fracture of the humerus with muscular interposition which I diagnosed by the absence of crepitus and which was confirmed by the X-ray's plate. The indication to operate was absolute here. I dissected the two muscles out of the way and wired the two fragments and got solid union in five weeks. This shows in my opinion how unnecessary the use of splints is when we can get a solid union by a much more simple procedure, using only a bit of silver wire. Of course the use of external splints is most important. In this case we used the classic cardboard dressing.

The last case is the one of a gentleman 74 years old, who noticed about a year ago, without injury, fall, or any other cause, that his head was dropping forward. When we saw him first his lower jaw was resting on his sternum. There was a marked kyphosis of the cervical spine; the forked spinous process of the axis could be felt, but above that the occipital bone seemed sharply displaced forward. The head resting on the sternum, we could not explore the spine from the mouth, as the patient could not open his mouth. The movements were very limited but not very painful. There was no paralysis of any kind.



The excellent X-ray picture taken by Mr. Sabalot, the radiologist of the French Hospital, confirmed our diagnosis of forward dislocation of the head. The odontoid process could not be seen and had apparently been destroyed and the atlas carrying the head had slipped forward. The medulla was bent at a right angle. The absence of nervous symptoms was probably due to the fact that the trouble came on very slowly.

We have thought of a secondary neoplasm but could not find any primary lesion. The fact that he moves without much pain speaks against tuberculosis. We suspect that the odontoid process has been destroyed by some gumma and the fact that he has improved since he takes iodide of potassium seems to confirm the view.

Dr. T. T. Watkins: I think Dr. Campiche is to be congratulated, speaking generally, upon his results. The femur case is a good result and satisfactory for that sort of work.

The elbow case is interesting by reason of the fact that the elbow is, perhaps, the only joint in which most of us have had any success with the arthroplasty, as adopted by Dr. Murphy. You will notice there is a good deal of side to side play. You will notice, also, that he has very little strength as yet. However, I think that he will, in time, reacquire considerable strength in

* Read before the San Francisco County Medical Society, November 16, 1915.

that arm. Eastern colleagues of mine have called my attention to the fact that no matter what we do to the elbow, whether we put in membrane or fascia, or do a generous excision, the result is going to be fairly good. Not so the knee; not so the hip.

The Doctor's most interesting case, of course, is that neck case, because, as he has told it, that is not an acute affair. I have seen one such case with a partial dislocation, where the examining finger in the mouth and the X-ray proved the presence of characteristic deformity. This was an old Italian, who found relief from sub-occipital and post auricular pain.

I have seen two cases only which were the result of trauma. In one case, a child was running along on skates and fell with her companion and with her neck across the companion's foot. It snapped the neck and would have broken it, excepting the floor stopped the further progress of the head. The X-ray showed very clearly a true dislocation of one-half of the atlas upon the axis. I put the child up with constant extension and let her alone. I was afraid to attempt manipulative reduction. I knew the shock must have torn in part at least the check ligaments of the odontoid and that the respiratory center was just in front of the odontoid process. The next morning the dislocation had reduced itself under the influence of the permanent traction and the relaxation caused by sleep.

The other was a queer case. A man tumbled off a reaper backward and struck his head. This was at once displaced to one side and he suffered great pain radiating up over the head. I cut his shaving strop into two pieces and made a head sling to support the head. I then raised the head of the bed on stilts. He had great pain, radiating upward along the posterior articular and sub-occipital nerve. Relief from pain was immediate. He fell asleep as we were looking at him, and he had not slept for three days. He, too, reduced himself, so to speak, and he got well also.

The Doctor's patient presents the result of a slow process, and I think to attempt to correct it would probably kill the man by causing his odontoid process to destroy his respiratory center.

Again I wish to thank Dr. Campiche for presenting so interesting a group of cases.

BOOK REVIEWS

Bandaging. By A. D. Whiting, M. D., Instructor in Surgery at the University of Pennsylvania. 12 mo. of 151 pages, with 117 original illustrations. Philadelphia and London. W. B. Saunders Company, 1915. Cloth, $1.25 net.

Any addition to the sadly neglected art of bandaging ought to be greeted with satisfaction by all of us, and Whiting's effort in this field deserves due credit. The author omits all the old Latin names, for which I do not blame him, and he has also discarded many of the classic bandages, and replaced them by more simple contrivances of his own. Experience will show whether these hold as well as the old ones.

We regret to find no reference to such works as Hoffa's Verbandlehre. One should not bother with such names as Thoracico-Scapular, Mento-Vertico-Occipital, and so forth, which the author uses for the handkerchief bandages. The figures are numerous and generally correct.

The book deals only with the roller bandages and with the handkerchief bandages, and for these can be recommended to students and nurses.

P. C.

The Starvation Treatment of Diabetes With a Series of Graduate Diets as Used at the Massachusetts General Hospital. By Lewis Webb Hill, M. D., and Rena S. Eckman, Dietitian. Introduction by Richard C. Cabot, M. D. Cloth. Price, $1. Pp. 72. Boston: W. M. Leonard, 1915.

This little monograph contains a brief statement of the Allen treatment of diabetes as practiced at the Massachusetts General Hospital together with a carefully prepared list of graduated diets. The technic of the Allen treatment is not difficult to master according to this book. In fact it would seem very simple were it not that the real difficulty comes when the actual diet problems confront the physician who is not accustomed to figuring diets in percentages of certain definite foodstuffs.

To the practicing physician this little book should be of value provided he has followed the literature in regard to the Allen treatment. As a ready reference it can certainly be recommended to all physicians.

W. W. B.

Diseases of the Nervous System: A Text-Book of Neurology and Psychiatry. By Smith Ely Jelliffe, M. D., Ph. D., Adjunct Professor of Diseases of the Mind and Nervous System, New York Post-Graduate Medical School and Hospital, and William A. White, M. D., Superintendent of the Government Hospital for the Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University; Professor of Mental Diseases, George Washington University, and Lecturer on Psychiatry, U. S. Army and U. S. Navy Medical Schools. Octavo, 796 pages, with 331 engravings and 11 plates. Cloth, $6.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The contents of this book of 781 pages are divided into three major portions. Part I deals with the Pshysico-Chemical Systems (vegetative or visceral neurology), Part II, Sensori-Motor Systems, and Part III with Psychic or Symbolic Systems. The classification will thus be seen to be distinctive. Part I contains references to important advances in our knowledge of diseases of the sympathetic nervous system and of the glands of internal secretion. In general, it may be said of this work that the different phases of neurology and psychiatry have been brought up to date; the book is profusely illustrated by well chosen diagrams and photographs. Especial mention should be made in this regard of the numerous colored plates and accompanying translated descriptions taken from the late edition of "Semiologie des Affections du Systeme Nerveux," by J. Dejerine. A feature worthy of mention is the historical aspect of many of the diseases discussed.

It is to be expected that such a warm exponent of the Freudian hypothesis as is Jelliffe, would discuss the psychoneurosis, and such phychoses as dementia praecox and the paranoid states, from the standpoint of interpretation and treatment by psychanalysis. This discussion, however, is not to the exclusion of the discussion of other theories and other treatments, and while the tendency to incline toward the Freudian views is evident, it is noted with pleasure that the treatment of the subject is conservative—much more so than we have noted in other recent works on this subject. In Chapter XVI an outline is given of the psychanalytic theory. The concluding chapter discusses idiocy, feeblemindedness and the defect groups, conditions toward which our attention has been directed of late because of their importance in relation to pedagogy and criminology.

W. F. S.